

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2014 pay stub plus any adjustments submitted by your employer.

Gross Pay	29408.09	Social Security Tax Withheld Box 4 of W-2	1666.28	WI. State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	1243.54
Fed. Income Tax Withheld Box 2 of W-2	2439.95	Medicare Tax Withheld Box 6 of W-2	389.69		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	WI. State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	29,408.09	29,408.09	29,408.09	29,408.09
Less Other Cafe 125	2,182.60	2,182.60	2,182.60	2,182.60
Less Cafe 125 HSA (W-Box 12)	350.00	350.00	350.00	350.00
Reported W-2 Wages	26,875.49	26,875.49	26,875.49	26,875.49

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

TIMOTHY G JACOBS

Social Security Number: [REDACTED]
Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 0
STATE: 0

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1 Wages, tips, other comp.	26875.49	2 Federal income tax withheld	2439.95
3 Social security wages	26875.49	4 Social security tax withheld	1666.28
5 Medicare wages and tips	26875.49	6 Medicare tax withheld	389.69
d Control number	022839 CHIC/2KE	Dept.	020571
Corp.	A	Employer use only	190

c Employer's name, address, and ZIP code
APPLETON COATED LLC
540 PROSPECT STREET
COMBINED LOCKS WI 54113-0005

b Employer's FED ID number a Employee's SSA number

7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans	12a See instructions for box 12 W 1157.66	12b DD 10460.78	
14 Other	12c	12d	
	13 Stat emp Ret. plan 3rd party sick pay		

e/f Employee's name, address and ZIP code
TIMOTHY G JACOBS

15 State WI	Employer's state ID no. 036102010238504	16 State wages, tips, etc.	26875.49
17 State income tax	1243.54	18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

1 Wages, tips, other comp.	26875.49	2 Federal income tax withheld	2439.95
3 Social security wages	26875.49	4 Social security tax withheld	1666.28
5 Medicare wages and tips	26875.49	6 Medicare tax withheld	389.69
d Control number	022839 CHIC/2KE	Dept.	020571
Corp.	A	Employer use only	190

c Employer's name, address, and ZIP code
APPLETON COATED LLC
540 PROSPECT STREET
COMBINED LOCKS WI 54113-0005

b Employer's FED ID number a Employee's SSA number

7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans	12a W 1157.66	12b DD 10460.78	
14 Other	12c	12d	
	13 Stat emp Ret. plan 3rd party sick pay		

e/f Employee's name, address and ZIP code
TIMOTHY G JACOBS

15 State WI	Employer's state ID no. 036102010238504	16 State wages, tips, etc.	26875.49
17 State income tax	1243.54	18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

1 Wages, tips, other comp.	26875.49	2 Federal income tax withheld	2439.95
3 Social security wages	26875.49	4 Social security tax withheld	1666.28
5 Medicare wages and tips	26875.49	6 Medicare tax withheld	389.69
d Control number	022839 CHIC/2KE	Dept.	020571
Corp.	A	Employer use only	190

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APPLETON COATED LLC
540 PROSPECT STREET
COMBINED LOCKS WI 54113-0005

b Employer's FED ID number a Employee's SSA number

7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans	12a W 1157.66	12b DD 10460.78	
14 Other	12c	12d	
	13 Stat emp Ret. plan 3rd party sick pay		

e/f Employee's name, address and ZIP code
TIMOTHY G JACOBS

15 State WI	Employer's state ID no. 036102010238504	16 State wages, tips, etc.	26875.49
17 State income tax	1243.54	18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

Free tax prep at **freefile**
irs.gov/freefile

Employee Reference Copy
W-2 Wage and Tax Statement 2015
OMB No. 1545-0046

Copy C for employer's records

d Control number	Dept.	Corp.	Employer use only
022839 CHIC/2KE	020091		A 177

e Employer's name, address, and ZIP code
APPLETON COATED LLC
540 PROSPECT ST
COMBINED LOCKS WI 54113-1120

Batch #02040

ef Employee's name, address, and ZIP code
TIMOTHY G JACOBS
[REDACTED]

b Employer's FED ID number	a Employee's SSA number
[REDACTED]	[REDACTED]

1 Wages, tips, other comp.	2 Federal income tax withheld
26953.80	2031.75
3 Social security wages	4 Social security tax withheld
26953.80	1671.14
5 Medicare wages and tips	6 Medicare tax withheld
26953.80	390.83
7 Social security tips	8 Allocated tips

Verification Code

10 Dependent care benefits

11 Nonqualified plans	12a See instructions for box 12
	W 500.00
14 Other	12b DD 21414.84
	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay

15 State Employer's state ID no.	16 State wages, tips, etc.
WI 036102010238504	26953.80
17 State income tax	18 Local wages, tips, etc.
1041.00	
19 Local income tax	20 Locality name

2015 W-2 and EARNINGS SUMMARY



This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2015 pay stub plus any adjustments submitted by your employer.

Gross Pay	31562.36	Social Security Tax Withheld Box 4 of W-2	1671.14	WI State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	1041.00
Fed. Income Tax Withheld Box 2 of W-2	2031.75	Medicare Tax Withheld Box 6 of W-2	390.83		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	WI State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	31,562.36	31,562.36	31,562.36	31,562.36
Less Other Cafe 125	4,108.56	4,108.56	4,108.56	4,108.56
Less Cafe 125 HSA (W-Box 12)	500.00	500.00	500.00	500.00
Reported W-2 Wages	26,953.80	26,953.80	26,953.80	26,953.80

3. Employee W-4 Profile. To change your Employee W-4 Profile information, file a new W-4 with your payroll dept.

TIMOTHY G JACOBS

Social Security Number [REDACTED]
Taxable Marital Status: MARRIED
Exemptions/Allowances:
FEDERAL: 0
STATE: 0

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Fold and Detach Here

1 Wages, tips, other comp.	2 Federal income tax withheld		
26953.80	2031.75		
3 Social security wages	4 Social security tax withheld		
26953.80	1671.14		
5 Medicare wages and tips	6 Medicare tax withheld		
26953.80	390.83		
d Control number	Dept.	Corp.	Employer use only
022839 CHIC/2KE	020091		A 177

e Employer's name, address, and ZIP code
APPLETON COATED LLC
540 PROSPECT ST
COMBINED LOCKS WI 54113-1120

b Employer's FED ID number	a Employee's SSA number
[REDACTED]	[REDACTED]

7 Social security tips	8 Allocated tips
Verification Code	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	W 500.00
14 Other	12b DD 21414.84
	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay

ef Employee's name, address, and ZIP code
TIMOTHY G JACOBS
[REDACTED]

15 State Employer's state ID no.	16 State wages, tips, etc.
WI 036102010238504	26953.80
17 State income tax	18 Local wages, tips, etc.
1041.00	
19 Local income tax	20 Locality name

1 Wages, tips, other comp.	2 Federal income tax withheld		
26953.80	2031.75		
3 Social security wages	4 Social security tax withheld		
26953.80	1671.14		
5 Medicare wages and tips	6 Medicare tax withheld		
26953.80	390.83		
d Control number	Dept.	Corp.	Employer use only
022839 CHIC/2KE	020091		A 177

e Employer's name, address, and ZIP code
APPLETON COATED LLC
540 PROSPECT ST
COMBINED LOCKS WI 54113-1120

b Employer's FED ID number	a Employee's SSA number
[REDACTED]	[REDACTED]

7 Social security tips	8 Allocated tips
Verification Code	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	W 500.00
14 Other	12b DD 21414.84
	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay

ef Employee's name, address, and ZIP code
TIMOTHY G JACOBS
[REDACTED]

15 State Employer's state ID no.	16 State wages, tips, etc.
WI 036102010238504	26953.80
17 State income tax	18 Local wages, tips, etc.
1041.00	
19 Local income tax	20 Locality name

1 Wages, tips, other comp.	2 Federal income tax withheld		
26953.80	2031.75		
3 Social security wages	4 Social security tax withheld		
26953.80	1671.14		
5 Medicare wages and tips	6 Medicare tax withheld		
26953.80	390.83		
d Control number	Dept.	Corp.	Employer use only
022839 CHIC/2KE	020091		A 177

e Employer's name, address, and ZIP code
APPLETON COATED LLC
540 PROSPECT ST
COMBINED LOCKS WI 54113-1120

b Employer's FED ID number	a Employee's SSA number
[REDACTED]	[REDACTED]

7 Social security tips	8 Allocated tips
Verification Code	10 Dependent care benefits
11 Nonqualified plans	12a See instructions for box 12
	W 500.00
14 Other	12b DD 21414.84
	12c
	12d
	13 Stat emp./Ret. plan/3rd party sick pay

ef Employee's name, address, and ZIP code
TIMOTHY G JACOBS
[REDACTED]

15 State Employer's state ID no.	16 State wages, tips, etc.
WI 036102010238504	26953.80
17 State income tax	18 Local wages, tips, etc.
1041.00	
19 Local income tax	20 Locality name

Federal Filing Copy
W-2 Wage and Tax Statement 2015
OMB No. 1545-0046
Copy B to be filed with employee's Federal income tax return.

WI State Reference Copy
W-2 Wage and Tax Statement 2015
OMB No. 1545-0046
Copy 2 to be filed with employee's State income tax return.

WI State Filing Copy
W-2 Wage and Tax Statement 2015
OMB No. 1545-0046
Copy 2 to be filed with employee's State income tax return.

2016 W-2 and EARNINGS SUMMARY



Employee Reference Copy

W-2 Wage and Tax Statement 2016

OMB No. 1545-0046
 Copy C to be filed with employee's federal income tax return.
 d Control number 022839 CHIC/2KE 020091
 Dept. Corp. Employer use only
 A 195

a Employer's name, address, and ZIP code
 APPLETON COATED LLC
 540 PROSPECT ST
 COMBINED LOCKS WI 54113-1120

Batch #01608

a/f Employee's name, address, and ZIP code
 TIMOTHY G JACOBS

b Employer's FED ID number
 036102010238504

1 Wages, tips, other comp. 26483.88
 2 Federal income tax withheld 1985.34
 3 Social security wages 27209.56
 4 Social security tax withheld 1686.99
 5 Medicare wages and tips 27209.56
 6 Medicare tax withheld 394.54
 7 Social security tips
 8 Allocated tips

Verification Code 02DC-B000-A50F-7015
 11 Nonqualified plans
 12a See instructions for box 12
 12b D 725.68
 12c W 950.00
 12d DD 19607.64
 12e
 13 Stat emp. Ret. plan 3rd party sick pay

15 State Employer's state ID no. WI 036102010238504
 16 State wages, tips, etc. 26483.88
 17 State income tax 1020.79
 18 Local wages, tips, etc.
 19 Local income tax
 20 Locality name

This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. The reverse side includes general information that you may also find helpful.

1. The following information reflects your final 2016 pay stub plus any adjustments submitted by your employer.

Gross Pay	31,331.99	Social Security Tax Withheld Box 4 of W-2	1686.99	WI State Income Tax Box 17 of W-2 SUI/SDI Box 14 of W-2	1020.79
Fed. Income Tax Withheld Box 2 of W-2	1985.34	Medicare Tax Withheld Box 6 of W-2	394.54		

2. Your Gross Pay was adjusted as follows to produce your W-2 Statement.

	Wages, Tips, other Compensation Box 1 of W-2	Social Security Wages Box 3 of W-2	Medicare Wages Box 5 of W-2	WI State Wages, Tips, Etc. Box 16 of W-2
Gross Pay	31,331.99	31,331.99	31,331.99	31,331.99
Less 401(k) (D-Box 12)	725.68	N/A	N/A	725.68
Less Other Cafs 125	3,172.43	3,172.43	3,172.43	3,172.43
Less Cafs 125 HSA (W-Box 12)	950.00	950.00	950.00	950.00
Reported W-2 Wages	26,483.88	27,209.56	27,209.56	26,483.88

3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept.

TIMOTHY G JACOBS

Social Security Number
 Taxable Marital Status: MARRIED

Exemptions/Allowances:

FEDERAL: 0
 STATE: 0

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Form and Details Here

1 Wages, tips, other comp. 26483.88
 2 Federal income tax withheld 1985.34
 3 Social security wages 27209.56
 4 Social security tax withheld 1686.99
 5 Medicare wages and tips 27209.56
 6 Medicare tax withheld 394.54
 d Control number 022839 CHIC/2KE 020091
 Dept. Corp. Employer use only
 A 195

a Employer's name, address, and ZIP code
 APPLETON COATED LLC
 540 PROSPECT ST
 COMBINED LOCKS WI 54113-1120

b Employer's FED ID number
 036102010238504

7 Social security tips
 8 Allocated tips
 Verification Code 02DC-B000-A50F-7015
 11 Nonqualified plans
 12a See instructions for box 12
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 12c W 950.00
 12d DD 19607.64
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 13 Stat emp. Ret. plan 3rd party sick pay

a/f Employee's name, address and ZIP code
 TIMOTHY G JACOBS

15 State Employer's state ID no. WI 036102010238504
 16 State wages, tips, etc. 26483.88
 17 State income tax 1020.79
 18 Local wages, tips, etc.
 19 Local income tax
 20 Locality name

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 4 Social security tax withheld 1686.99
 5 Medicare wages and tips 27209.56
 6 Medicare tax withheld 394.54
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 Dept. Corp. Employer use only
 A 195

a Employer's name, address, and ZIP code
 APPLETON COATED LLC
 540 PROSPECT ST
 COMBINED LOCKS WI 54113-1120

b Employer's FED ID number
 036102010238504

7 Social security tips
 8 Allocated tips
 Verification Code 02DC-B000-A50F-7015
 11 Nonqualified plans
 12a See instructions for box 12
 12b D 725.68
 12c W 950.00
 12d DD 19607.64
 12e
 13 Stat emp. Ret. plan 3rd party sick pay

a/f Employee's name, address and ZIP code
 TIMOTHY G JACOBS

15 State Employer's state ID no. WI 036102010238504
 16 State wages, tips, etc. 26483.88
 17 State income tax 1020.79
 18 Local wages, tips, etc.
 19 Local income tax
 20 Locality name

1 Wages, tips, other comp. 26483.88
 2 Federal income tax withheld 1985.34
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 6 Medicare tax withheld 394.54
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 Dept. Corp. Employer use only
 A 195

a Employer's name, address, and ZIP code
 APPLETON COATED LLC
 540 PROSPECT ST
 COMBINED LOCKS WI 54113-1120

b Employer's FED ID number
 036102010238504

7 Social security tips
 8 Allocated tips
 Verification Code 02DC-B000-A50F-7015
 11 Nonqualified plans
 12a See instructions for box 12
 12b D 725.68
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a/f Employee's name, address and ZIP code
 TIMOTHY G JACOBS

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 17 State income tax 1020.79
 18 Local wages, tips, etc.
 19 Local income tax
 20 Locality name


Federal Filing Copy
 W-2 Wage and Tax Statement 2016

WI State Reference Copy
 W-2 Wage and Tax Statement 2016

WI State Filing Copy
 W-2 Wage and Tax Statement 2016

HEALTH COVERAGE ALTERNATIVES

Effective 01/01/2011

Carrier				
	Base	Buy-Up Option 1	Buy-Up Option 2	Buy-Up Option 3
Provider Network	Affinity HSA HMO Plan	Affinity HSA POS Plan	Affinity HMO Plan	Affinity POS Plan
Deductible				
In-Network (Single / Family)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$1,000 / \$2,000	\$1,000 / \$2,000
Out-of-Network (Single / Family)	N/A	\$3,000 / \$6,000	N/A	\$2,000 / \$4,000
Coinsurance				
In-Network	100%	100%	80%	80%
Out-of-Network	N/A	80%	N/A	60%
Out-of-Pocket Max	<i>Includes Deductible</i>	<i>Includes Deductible</i>	<i>Includes Deductible</i>	<i>Includes Deductible</i>
In-Network (Single / Family)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Out-of-Network (Single / Family)	N/A	\$5,000 / \$10,000	N/A	\$6,000 / \$12,000
Lifetime Maximum (per Member)	Unlimited	Unlimited	Unlimited	Unlimited
Office Visits				
In-Network	Ded, 100% Coins	Ded, 100% Coins	\$30 (PCP), \$60 (SCP) Copays	\$30 (PCP), \$60 (SCP) Copays
Out-of-Network	N/A	Ded, 80% Coins	N/A	Ded, 60% Coins
Routine/Preventive Care				
In-Network	100% Coverage	100% Coverage	100% Coverage	100% Coverage
Out-of-Network	N/A	Ded, 80% Coins	N/A	Ded., 60% Coins
Inpatient Hospital Services				
In-Network	Ded, 100% Coins	Ded, 100% Coins	Ded, 80% Coins	Ded, 80% Coins
Out-of-Network	N/A	Ded, 80% Coins	N/A	Ded, 60% Coins
Outpatient Hospital Services				
In-Network	Ded, 100% Coins	Ded, 100% Coins	Ded, 80% Coins	Ded, 80% Coins
Out-of-Network	N/A	Ded, 80% Coins	N/A	Ded, 60% Coins
Urgent Care				
In-Network	Ded, 100% Coins	Ded, 100% Coins	\$100 Copay	\$100 Copay
Out-of-Network	N/A	Ded, 80% Coins	N/A	Ded, 60% Coins
Emergency Room				
In-Network	Ded, 100% Coins	Ded, 100% Coins	\$200 Copay	\$200 Copay
Out-of-Network	Ded, 100% Coins	Ded, 100% Coins	\$200 Copay	\$200 Copay
Retail Prescription Drugs	<i>Ded Applies First, then:</i>	<i>Ded Applies First, then:</i>		
Generic				
Brand	100% Coverage	100% Coverage	\$20 / \$40 / \$60 / \$60 / \$100	\$20 / \$40 / \$60 / \$60 / \$100
Non-Formulary				
Mail Order Prescription Drugs	<i>Ded Applies First, then:</i>	<i>Ded Applies First, then:</i>		
Generic				
Brand	100% Coverage	100% Coverage	\$55 / \$105 / \$180	\$55 / \$105 / \$180
Non-Formulary				
Rates				
Employee	\$335.05	\$359.54	\$401.29	\$435.24
Employee/Spouse	\$716.49	\$768.86	\$858.13	\$930.73
Employee/Child(ren)	\$570.27	\$611.95	\$682.99	\$740.78
Family	\$996.32	\$1,069.15	\$1,193.28	\$1,294.23
Employee Monthly Contribution				
Employee	<input type="checkbox"/> \$67.01	<input type="checkbox"/> \$91.50	<input type="checkbox"/> \$133.25	<input type="checkbox"/> \$167.20
Employee/Spouse	<input type="checkbox"/> \$143.30	<input type="checkbox"/> \$195.67	<input type="checkbox"/> \$284.94	<input type="checkbox"/> \$357.54
Employee/Child(ren)	<input type="checkbox"/> \$114.05	<input type="checkbox"/> \$155.73	<input type="checkbox"/> \$226.77	<input type="checkbox"/> \$284.56
Family	<input type="checkbox"/> \$199.26	<input checked="" type="checkbox"/> \$272.09	<input type="checkbox"/> \$396.22	<input type="checkbox"/> \$497.17

Election of Coverage: Please check box by benefit level.

Waive Coverage: ☐

Signature

Date

NOTE: Company logos are for information purposes only. Agents are independent and are not affiliated with the company.

NOTE: This benefit comparison will not replace the benefit grid that is furnished by Network Health Plan/Network Health Insurance Corporation and approved by the Office of the Commissioner of Insurance.

This constitutes only a summary of the Health plan involved. The actual contract or plan document must be consulted to determine the governing contractual provisions, limitations, or exclusions.

There is no guarantee, expressed or implied by Associated Financial Group or vendors of plan provisions or level of payments.

Case 1:17-cv-00589-WCG Filed 03/08/18 Page 4 of 5 Document 33-33

Dura-fibre

DENTAL COVERAGE - UNION

Effective 1.1.2011

Carrier	HUMANA DENTAL	
	In-Network/Out-of-Network	
Deductible (Single/Family)	\$50 / \$150	
Annual Maximum per member	\$1,000	
Preventive Services	No Deductible	
Oral Exams	100%	80%
Routine Cleanings		
X-Rays		
Topical Fluoride		
Sealants		
Basic Services	Deductible Applies	
Amalgam/Composite Fillings	80%	50%
Extractions (Non-Surgical & Surgical)		
Full & Partial Denture Repair		
Endodontics (Simple & Complex)	50%	
Periodontics (Simple & Complex)		
Major Services	Deductible Applies	
Porcelain Crowns	50%	50%
Inlays/Onlays		
Partial or Complete Dentures		
Removable or Fixed Bridgework		
Orthodontics	No Coverage	
Deductible Benefits Paid At Lifetime Maximum		
Rates	Current	Renewal
Employee 15	\$19.86	\$21.39
Employee/Spouse 10	\$45.13	\$48.62
Employee/Child(ren) 7	\$38.17	\$41.09
Family 15	\$64.22	\$69.16
Monthly Employer Contribution		
Employee	\$17.87	\$19.25
Employee/Spouse	\$40.62	\$43.76
Employee/Child(ren)	\$34.35	\$36.98
Family	\$57.80	\$62.24
Monthly Employee Contribution		
Employee	\$1.99	<input type="checkbox"/> \$2.14
Employee/Spouse	\$4.51	<input type="checkbox"/> \$4.86
Employee/Child(ren)	\$3.82	<input type="checkbox"/> \$4.11
Family	\$6.42	<input checked="" type="checkbox"/> \$6.92

Waive Coverage: ☐

Signature  Date 12-21-10

NOTE: Company logos are for information purposes only. Agents are independent and are not affiliated with the company.

This constitutes only a summary of the Dental plan involved. The actual contract or plan document must be consulted to determine the governing contractual provision, limitations, or exclusions. There is no guarantee, expressed or implied by Associated Financial Group or vendors of plan provisions or level of payments.